

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002528

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 249Primary Registration District No. 3043Registrar's No. 44DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 15 1963

1. PLACE OF DEATH

a. COUNTY

MARION

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HANNIBAL

Length of stay in 1b

LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. ELIZABETH HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

MARION

Inside Limits
Yes ☒ No ☐c. CITY
OR TOWN

HANNIBAL

d. STREET
ADDRESS(If outside, give location)
605 UNIONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ARVEL

Middle

REYNOLDS

Last

FEB 8, 1963

4. DATE
OF DEATH

Month

Day

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JAN 16, 1888 74

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY

INTERNATIONAL
SHOE CO.

11. BIRTHPLACE (City and state or country)

HANNIBAL, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm. W. REYNOLDS

13b. MOTHER'S MAIDEN NAME

EMILY F. DE VORE

14. NAME OF HUSBAND OR WIFE

BESSIE REYNOLDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

BESSIE REYNOLDS - HANNIBAL, MO

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarct

INTERVAL BETWEEN
ONSET AND DEATH -
1 monthConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of bowel

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-3-63

2-8-63

and last saw her alive on

2-8-63

Death occurred at

12:20 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. J. Lanning md

(Degree or title)

22b. ADDRESS

Hannibal, Missouri

22c. DATE SIGNED

2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

FORREST GROVE CEM.

23d. LOCATION (City, town, or county)

CANTON, MO

(State)

24. FUNERAL DIRECTOR

Clark Funeral Home Hannibal, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Feb. 13, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Lucas by William M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

DATE AMENDED

1 0648

2 0648

3

4 0

5 1

6

7 0

8 1

9 2014

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond Clark

Licensed Embalmer No. 4217

P. O. Address Shawnee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

840
2400

0-0-0

Permit received 2/8/63